

Name in Full		Marry Bunting				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND	
		near		Bishopville	Worcester		
		Date of death 1903	Month	Day	Years	Months	Days
			Mar	29	13		
		Sex	Female	Color or Race	White	Birth-place	Maryland
		Married, Single or Widowed	Single	Occupation	Harmon		
		Name of Wife or Husband	Not Married				
TO BE ANSWERED BY PHYSICIAN OR CORONER		Father's Name	Elisha Bunting			Father's Birthplace	Maryland
		Mother's Maiden Name	Alice Bunting			Mother's Birthplace	Maryland
		Name of person giving information	Elisha Bunting			How related to deceased	Father
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Accidental Shot				3 hours	
		Immediate				How long	
		Three Hours				Three hours	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	
		yes		The physician was Dr.			
				Address			
				Bollin P Collins			
				Bishopville Md			
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

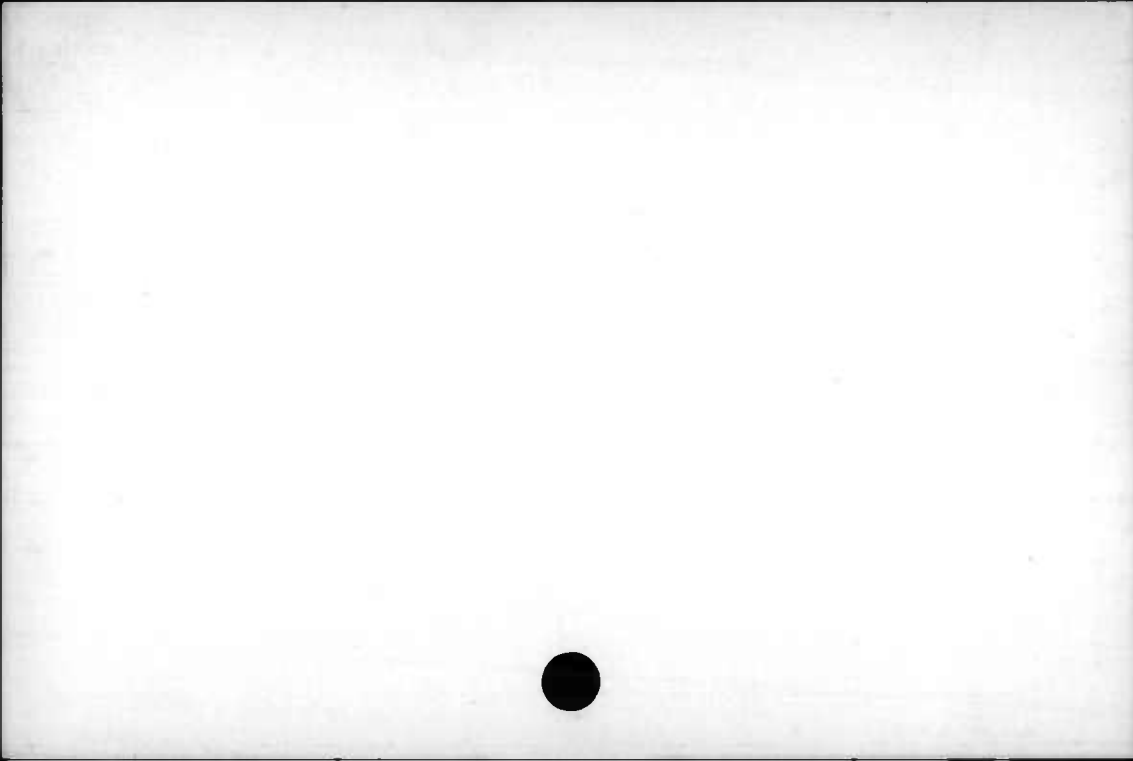
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stockton</i> ^{Town}		<i>Bushville</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i>	Month <i>Jan.</i>	Day <i>27</i>	Age <i>Still born</i> ^{Years}	Months <i>11</i> ^{Months}
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Stockton</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Sailor</i>			
Name of Wife or Husband					
Father's Name <i>George Buship</i>			Father's Birthplace <i>Stockton</i>		
Mother's Maiden Name <i>Ella Elizabeth Blake</i>			Mother's Birthplace <i>Girdletree</i>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long <i>Born dead</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

Benj. Franklin Cranfield

Died ^{Town} near Whiteburg^{County} Worcester

MARYLAND

Date
of death 1903Month
11Day
28Age
25Months
1Days
6

Sex Male

Color or
Race WhiteBirth-
place Pittsville, Md.Married, ~~Single~~
or ~~Widowed~~Occupation
Stenographer.Name of Wife ~~Richard~~ Louise CranfieldFather's
Name James H. CranfieldFather's
Birthplace Delaware.Mother's
Maiden Name Leah A. LokeyMother's
Birthplace Maryland.Name of person giving
Information John H. CranfieldHow related
to deceased Brother

CAUSES OF DEATH

Primary

Consumption

How long

Sick about

Immediate

"

How long

2 years.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

W. H. Strangman, M.D.
Annapolis, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James Davis

CERTIFICATE OF DEATH

MARYLAND

Died at *near Snow Hill*

County *Worcester*

Date of death 1903

Month

Nov

Day

30th

Age

Years

76

Months

Days

Sex

Color or Race

Birth-place

Worcester County

Married, Single or Widowed

Widower

Occupation

Carpenter

Name of Wife or Husband

James Davis

Father's Name

James Davis

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

Geo W. James Paralyzed

How related to deceased

CAUSES OF DEATH

Primary

How long

2 Years

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

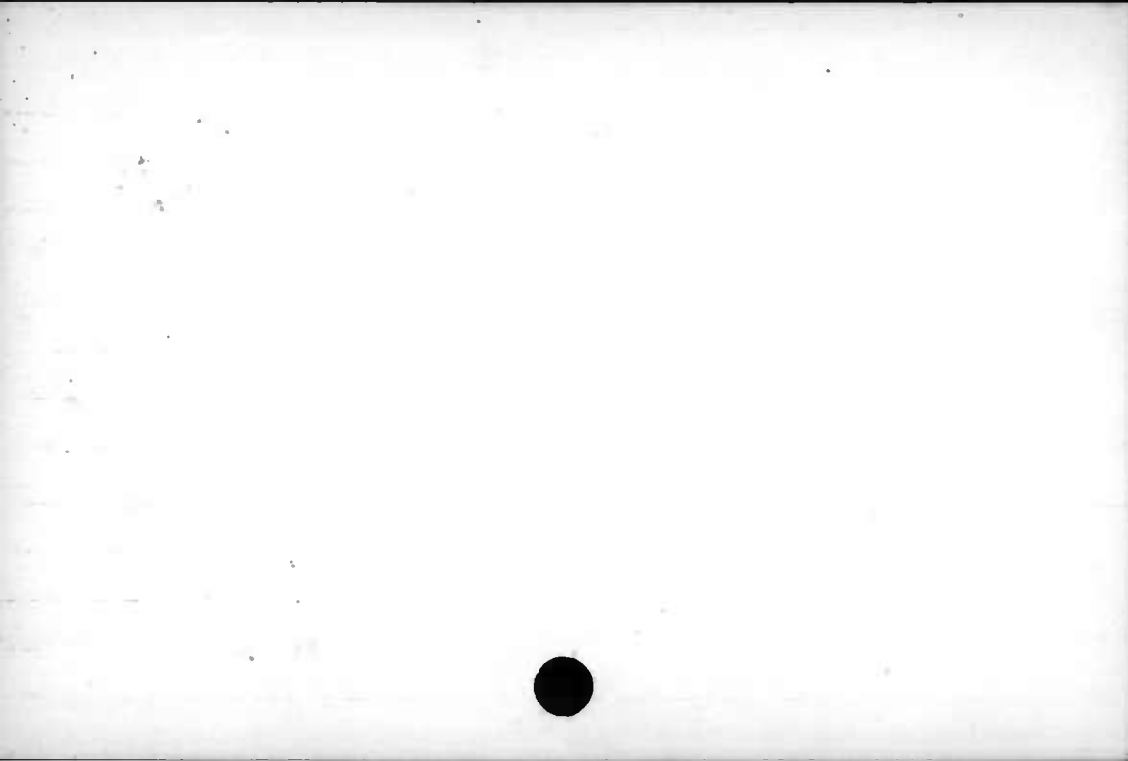
76 Male

Signature of Physician

Address

*died in Almshouse
Snow Hill Maryland*

Accident or Suicide?



Name
in
Full

Edward Dennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bulter</u> ^{Town}			<u>Worcester</u> ^{County}			MARYLAND		
Date of death 1903		Month <u>11</u>	Day <u>24</u>	Age		Months <u>9</u>	Days	
Sex <u>Male</u>			Color or Race <u>Colored</u>			Birth-place <u>Ma</u>		
Occupation <u>—</u>				Where Residing if not at place of death <u>Bulter</u>				
Married, Single or Widowed			Name of Wife or Husband <u>Samuel S. Dennis</u>					
Father's Name						Father's Birthplace		
Mother's Maiden Name						Mother's Birthplace		
Name of person giving Information <u>Mo. Hassett</u>						How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Croup</u>		How long <u>2</u>
Immediate <u>"</u>		How long <u>2</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>No Physician</u>
<u>Yes</u>		Address <u>Mo Hassett</u>
Accident or Suicide?		<u>Bulter Ma</u>



Name
in
Full

CERTIFICATE OF DEATH

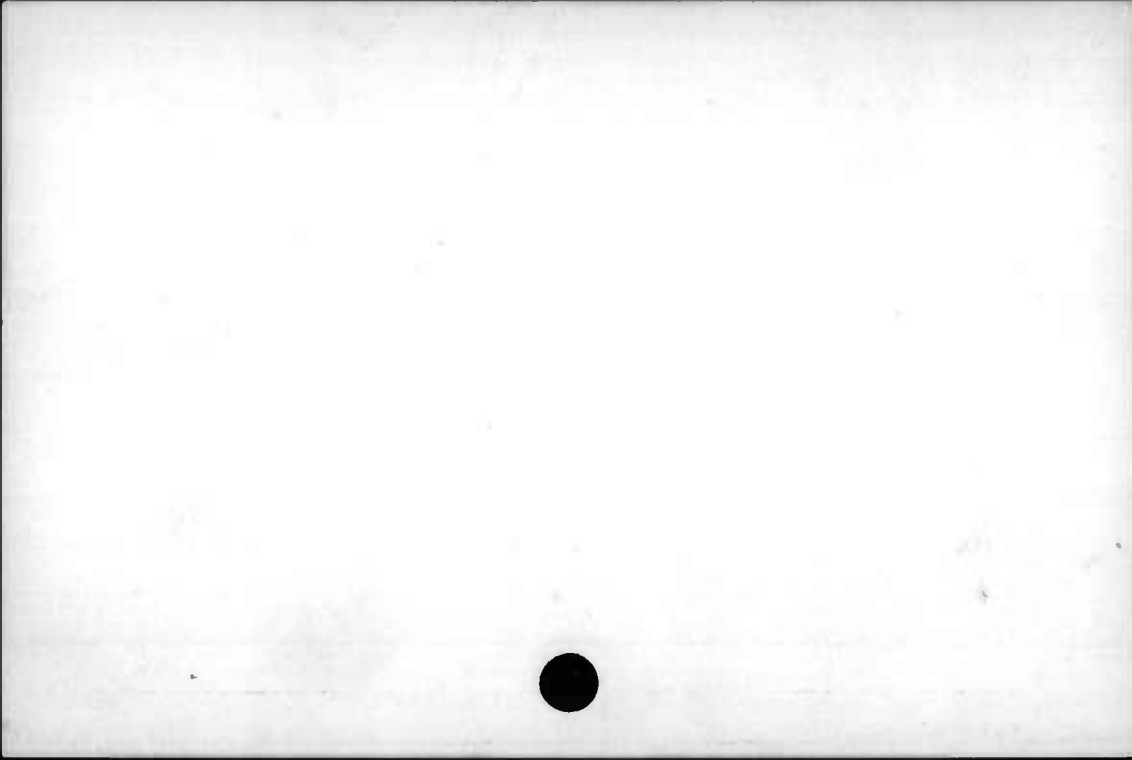
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Brownsville</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>14</i>	Age <i>6</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Worcester Co</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>child</i>		
Name of Wife or Husband					
Father's Name <i>Samuel James</i>			Father's Birthplace <i>Worcester Co</i>		
Mother's Maiden Name <i>Margaret Brunningham</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Samuel Brunningham</i>			How related to deceased <i>Gr Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Burn</i>	How long <i>2 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>David S. Quinn</i>
	Address <i>Brownsville Md</i>
Accident or Suicide?	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Near Berlin</i> <small>Town</small>		<i>Worcester</i> <small>County</small>	
		Date of death <i>1903</i> <small>Month</small> <i>11</i> <small>Day</small> <i>28</i>		Age <i>27</i> <small>Years</small> <i>—</i> <small>Months</small> <i>—</i> <small>Days</small>	
		Sex <i>Male</i>		Color or Race <i>Blk</i>	
		Occupation <i>Farm Hand</i>		Where Residing if not at place of death <i>—</i>	
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Hattie</i>	
PHYSICIAN OR CORONER		Father's Name <i>—</i>		Father's Birthplace <i>—</i>	
		Mother's Maiden Name <i>M J Russell</i>		Mother's Birthplace <i>Worcester</i>	
		Name of person giving Information <i>Hattie Fassett</i>		How related to deceased <i>Wife</i>	
		CAUSES OF DEATH			
Primary <i>Tooth extracted</i>		How long <i>4 years</i>			
Immediate <i>gangrene</i>		How long <i>—</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Salisbury Hospital</i>			
		Address <i>Salisbury Md</i>			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

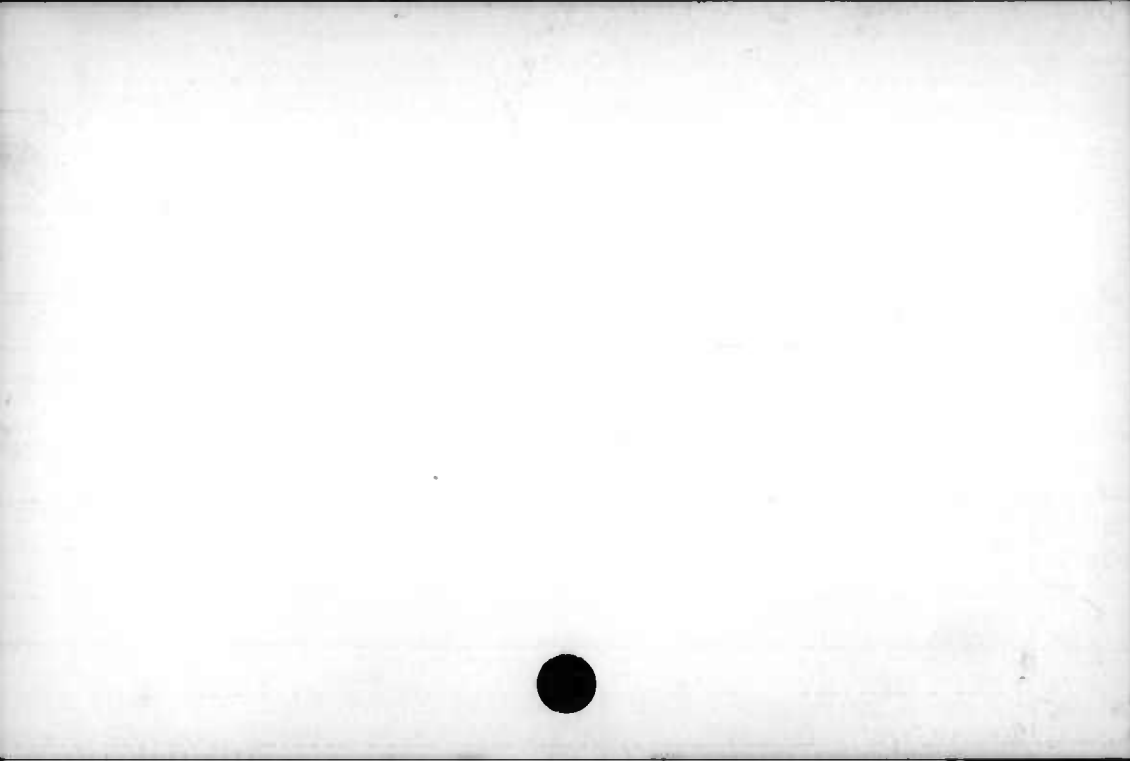
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke City</i>		<i>Montross</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>17</i>	Age <i>85</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pocomoke City</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Sailor</i>				
Name of Wife Wife <i>Sarah Latman</i>					
Father's Name <i>-</i>			Father's Birthplace <i>-</i>		
Mother's Maiden Name <i>-</i>			Mother's Birthplace <i>-</i>		
Name of person giving information <i>Thomas M. Bee</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>-</i>
Immediate <i>Acute Cystitis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Think so.</i>	Signature of Physician <i>R. H. H. H.</i>
	Address <i>Pocomoke City, Md.</i>
Accident or Suicide?	



Name

in
Full

Lewella Franklin

CERTIFICATE OF DEATH

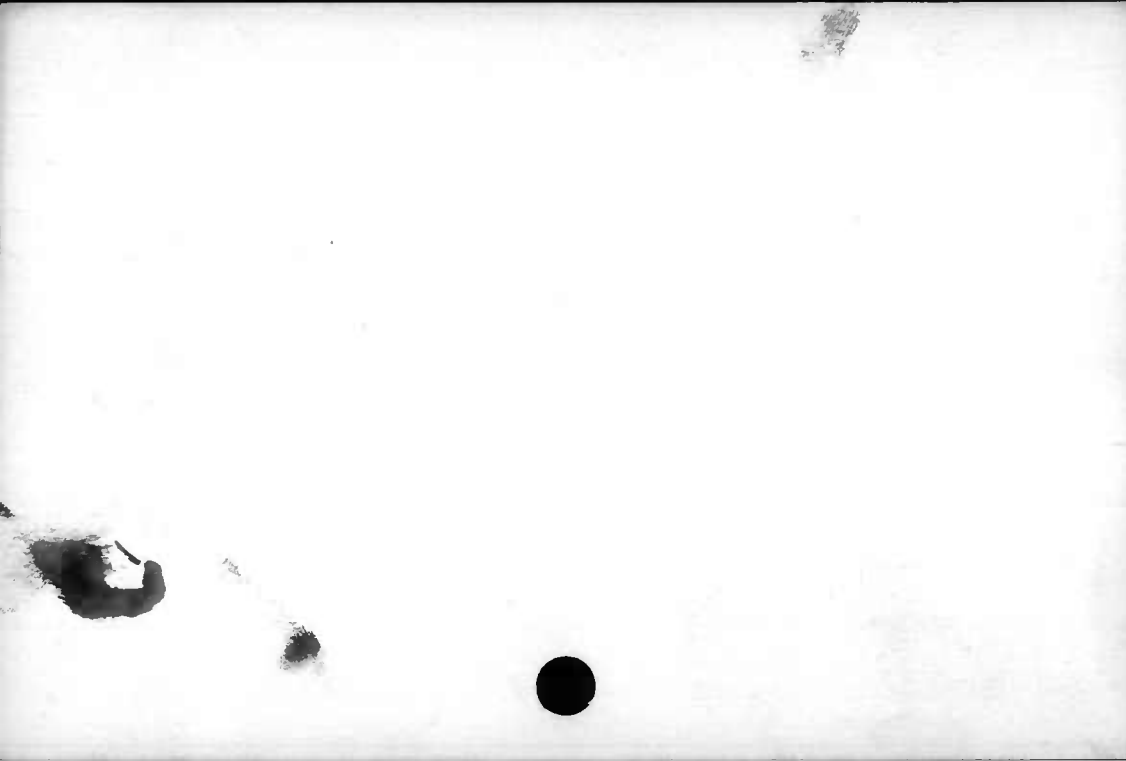
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Snow Hill		County Worcester		MARYLAND	
Date of death 190	3	Month Nov	Day 2	Age Years	Months		Days 1
Sex Female		Color or Race Colored		Birth- place Snow Hill			
Married, Single or Widowed Single		Occupation None					
Name of Wife or Husband None							
Father's Name John Robins				Father's Birthplace Snow Hill			
Mother's Maiden Name Rosa Franklin				Mother's Birthplace Berland Ind			
Name of person giving Information Giffy Franklin				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dead Born		How long no time	
Immediate		How long no time	
Are the name, age, sex, color, date and place correctly given above? Yes Snow Hill		Signature of Physician H. S. Williams	
Accident or Suicide? County		Address Worcester Maryland	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Suffey Franklin* Town *near Ocean City* County *Anne Arundel*Died at *near Ocean City* Date of death 1903 Month *11* Day *17* Age *50* Years Months *—* Days *—*Sex *Female* Color or Race *Black* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving Information *Samuel J. Leamin* How related to deceased *W*

CAUSES OF DEATH

Primary *Pneumonia Cause Nephritis* How long *nephritis of long standing*
Immediate *Paralysis* How long *Several weeks*

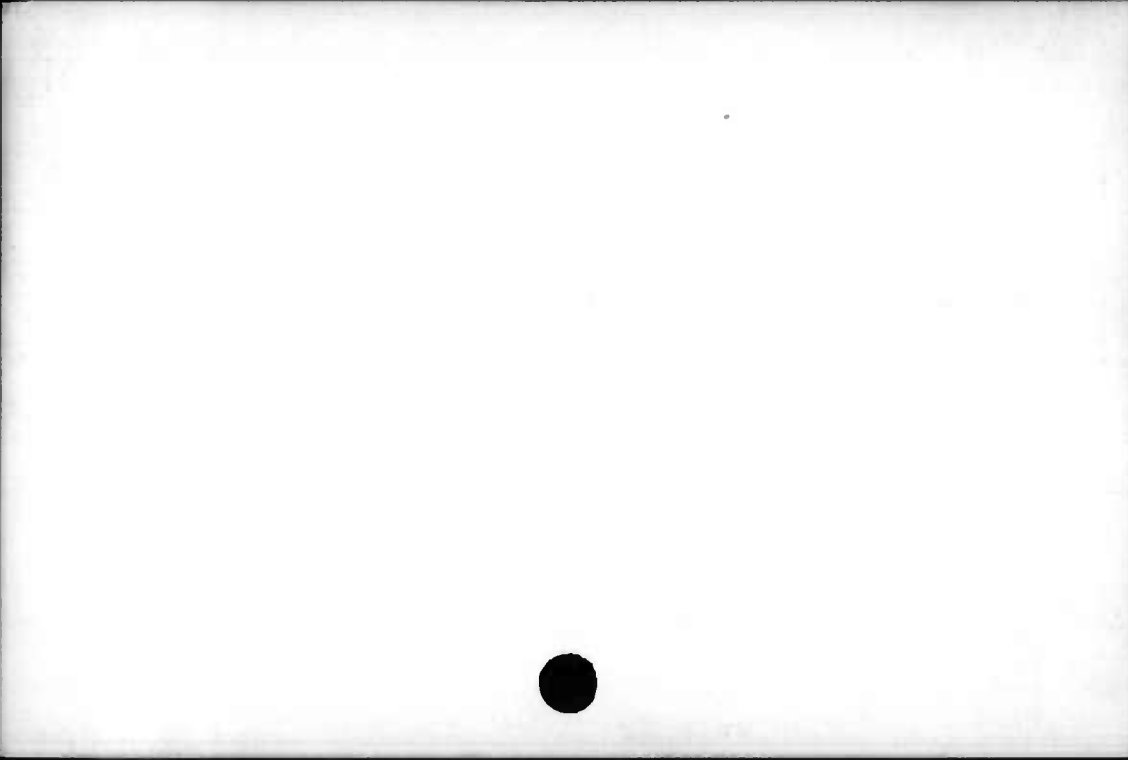
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. W. Erickson M.D.
Berlin, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Died at

Elizabeth Johnson
Town *Worcester* County

MARYLAND

Date

of death 1903

Month

Mar

Day

28

Years

Age

about 60 yrs

Months

Days

Sex

female

Color or
Race

White

Birth-
place

Ind.

Married, Single
or Widowed

Widow

Occupation

Name of Wife or
Husband

Father's
Name

79

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

Garlin Bayfield

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

How long

Immediate

Heart trouble

How long

a few hours

Are the name, age, sex, color, date
and place correctly given above?

J.S.

Signature of
Physician

no physician

Address

*Strom & Northway
understore*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

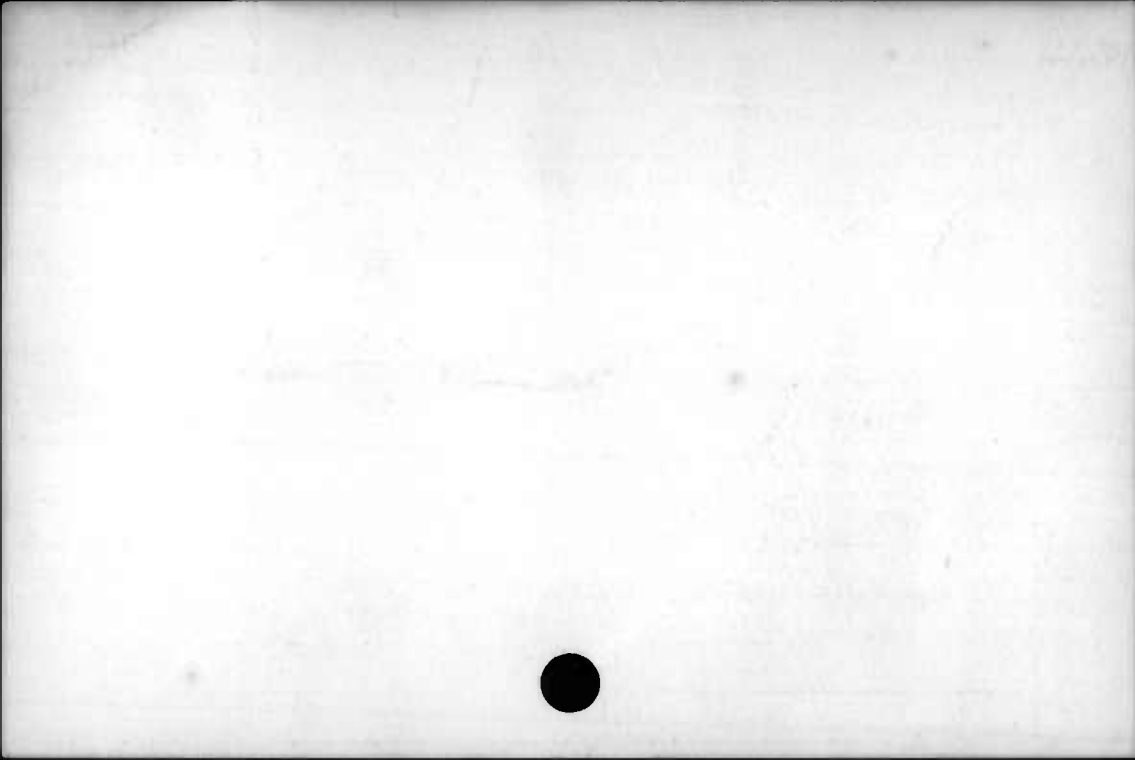
PHYSICIAN
OR CORONER

15-

8-
-1



Name in Full <i>Mary Robinson</i>		TOWN <i>Pawnee City</i>		COUNTY <i>Nebraska</i>		CERTIFICATE OF DEATH	
Died at		Date of death 190 <i>5</i>		Month <i>Nov</i>	Day <i>14</i>	Years <i>83</i>	MARYLAND Months Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Nebraska Co</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Domestic</i>					
Name of Wife or Husband							
Father's Name <i>Don't know</i>		Father's Birthplace					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace					
Name of person giving information		How related to deceased					
CAUSES OF DEATH							
Primary <i>Apoplexy</i>		How long					
Immediate <i>Paralysis</i>		How long		<i>a week</i>			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Samuel S. Quinn</i>		Address <i>Pawnee City, Neb</i>			
Accident or Suicide?							



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

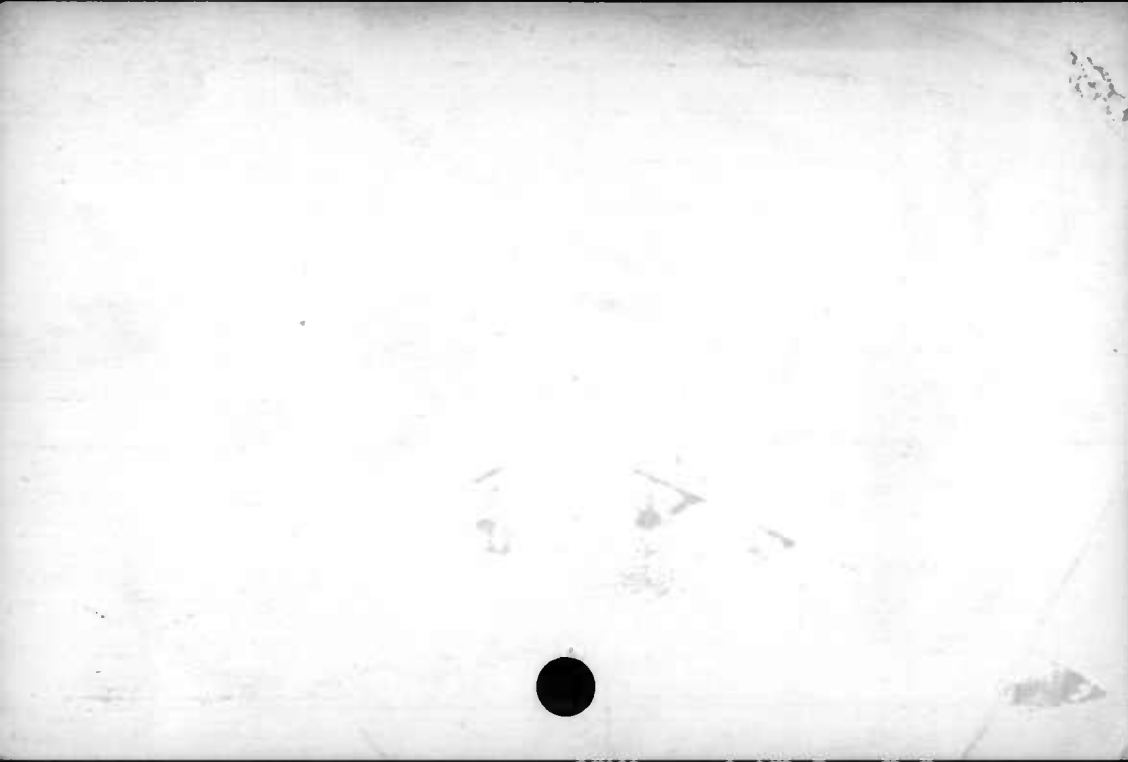
CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death 1902		Month	Day	Years	Months	Days	
Sex		Color or Race		Age	Birth-place		
Married, Single or Widow		Occupation					
Name of Wife or Husband							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address



Name
in
Full

Lillian Long

CERTIFICATE OF DEATH

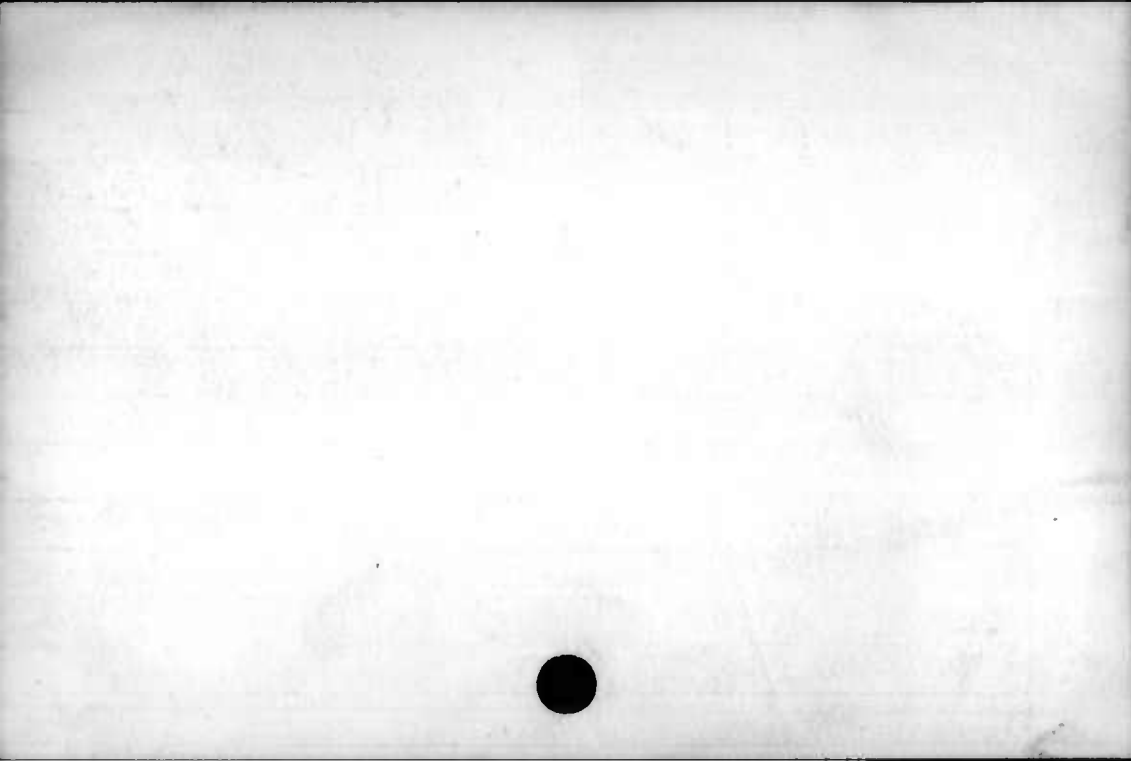
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke City</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>20</i>	Years <i>33</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Pocomoke City</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband _____					
Father's Name <i>Samuel Long</i>			Father's Birthplace <i>Worcester Co</i>		
Mother's Maiden Name <i>Margia Boyer</i>			Mother's Birthplace <i>Somerset "</i>		
Name of person giving information <i>Samuel Long</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>5 weeks</i>
Immediate <i>Intercurrent Pneumonia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Samuel S. Quinn</i>
	Address <i>Pocomoke City, Md</i>
Accident or Suicide?	



Name
in
Full

George Mumford

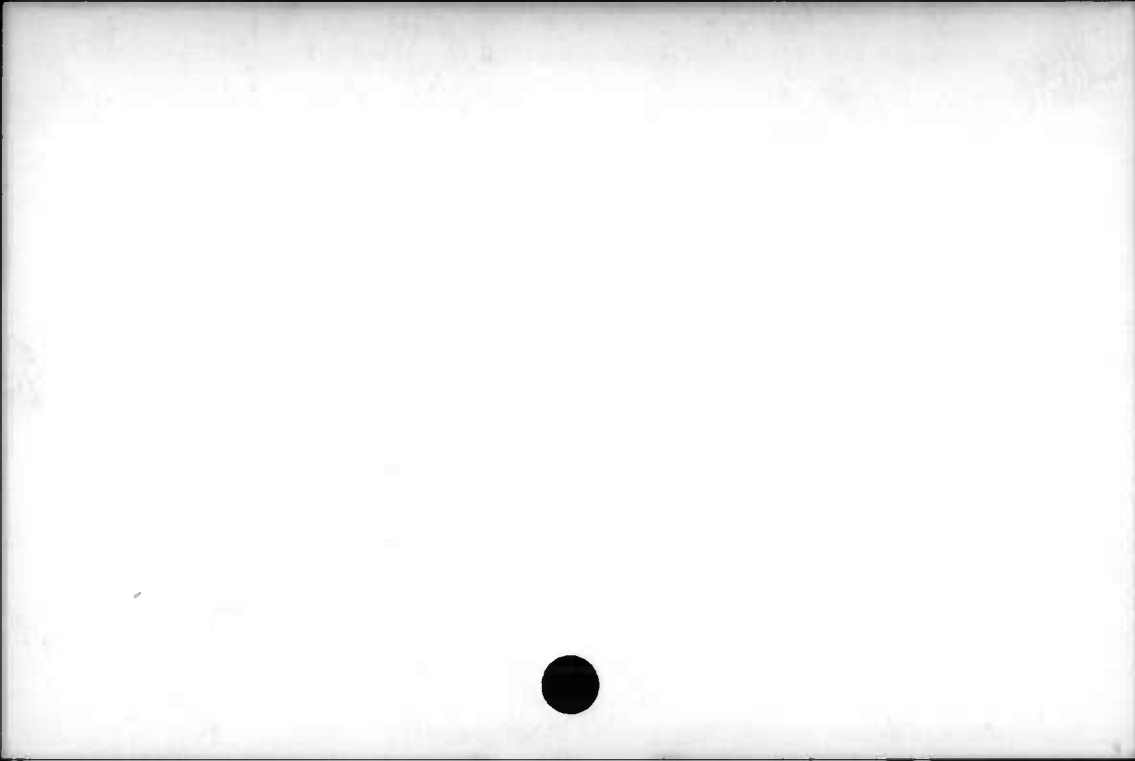
CERTIFICATE OF DEATH

Died at <i>Leesville</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death	1903	Month	June	Day	27
Age		45		Years	
Sex		male		Color or Race	white
Occupation		Farmer		Birth-place	Maryland
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband <i>Julie Hartings</i>			
Father's Name		<i>William Mumford</i>		Father's Birthplace	Maryland
Mother's Maiden Name		<i>Jane Richardson</i>		Mother's Birthplace	
Name of person giving Information		<i>E. S. Furbush</i>		How related to deceased	none

CAUSES OF DEATH

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>yes</i>	<i>No Sec in attendance</i>
<i>E. J. Evans v. son</i>	Address
Accident or Suicide?	<i>undertaker</i>
	<i>Berlin md</i>

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

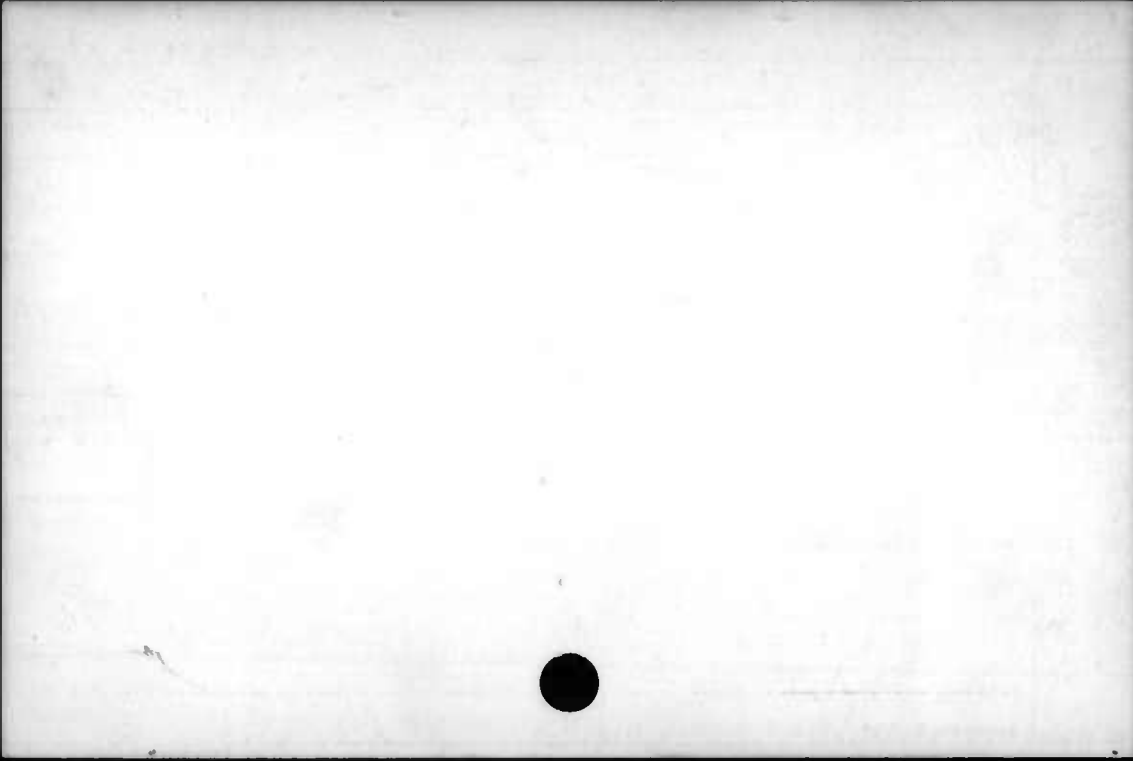
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke city</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>23</i>	Age	Months	Days <i>1</i>
Sex <i>Boy Male</i>	Color or Race <i>colored</i>		Birth-place <i>Pocomoke city</i>		
Married, Single or Widowed <i>Infant</i>	Occupation <i>Infant</i>				
Name of Wife or Husband <i>—</i>					
Father's Name <i>Gardner Lucian</i>			Father's Birthplace <i>Pocomoke</i>		
Mother's Maiden Name <i>Rosa Jenkins</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Gardner Lucian</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Don't know</i>	How long <i>1 day</i>
Immediate <i>" "</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel S. Lucian</i>
	Address <i>Pocomoke city, Md</i>
Accident or Suicide?	



Name
in
Full

Sylvester Robson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Snow Hill		Worcester					
Date of death 1903		Month	Day	Age	Years	Months	Days
Nov.		2	1			11	4
Sex		Color or Race		Birth-place			
Female		Female		Snow Hill			
Married, Single or Widowed		Occupation					
Single		none					
Name of Wife or Husband							
John Robson		15					
Father's Name		Father's Birthplace					
John Robson		Snow Hill					
Mother's Maiden Name		Mother's Birthplace					
Lewella Robson		Snow Hill					
Name of person giving information		How related to deceased					
Lewella Robson		Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Deceased from Birth		11 months	
Immediate		How long	
		2 months	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes.		William O Williams	
Worcester		Address	
		Snow Hill	
Accident or Suicide?			
County		Maryland	



Name
in
Full

Gertrude Ruark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{near} Ring Grove		County Worcester		MARYLAND	
Date of death 1903	Month Nov.	Day 18	Age 80	Months	Days
Sex Female	Color or Race White	Birth-place Worcester Co. Md.			
Occupation Housekeeper	Where Residing if not at place of death at home				
Married, Single or Widowed Widow	Name or Wife or Husband Joshua Ruark				
Father's Name John Horner	Father's Birthplace Worcester Co. Md.				
Mother's Maiden Name Gertrude Horner	Mother's Birthplace " "				
Name of person giving information J. L. Ruark	How related to deceased " Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Not known	How long
Immediate Died suddenly	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Geo. C. Hill
	Address Undertaker Salisbury Md.
Accident or Suicide?	

No Doctor attended her
she was found dead out of her house
where she lived alone, her son told
me she had, he thought, been up to look
after her chickens (it was at night) and
being nearly blind and quite feeble
he thinks she lost her way, and was found
dead not far from her house, he told me
there was an inquest held but I could not
get a certificate from them. Geo. C. Hill
J. L. Rmark is her Undertaker
son. You can address him if necessary. Salisbury
Md.

Name
in
Full

CERTIFICATE OF DEATH

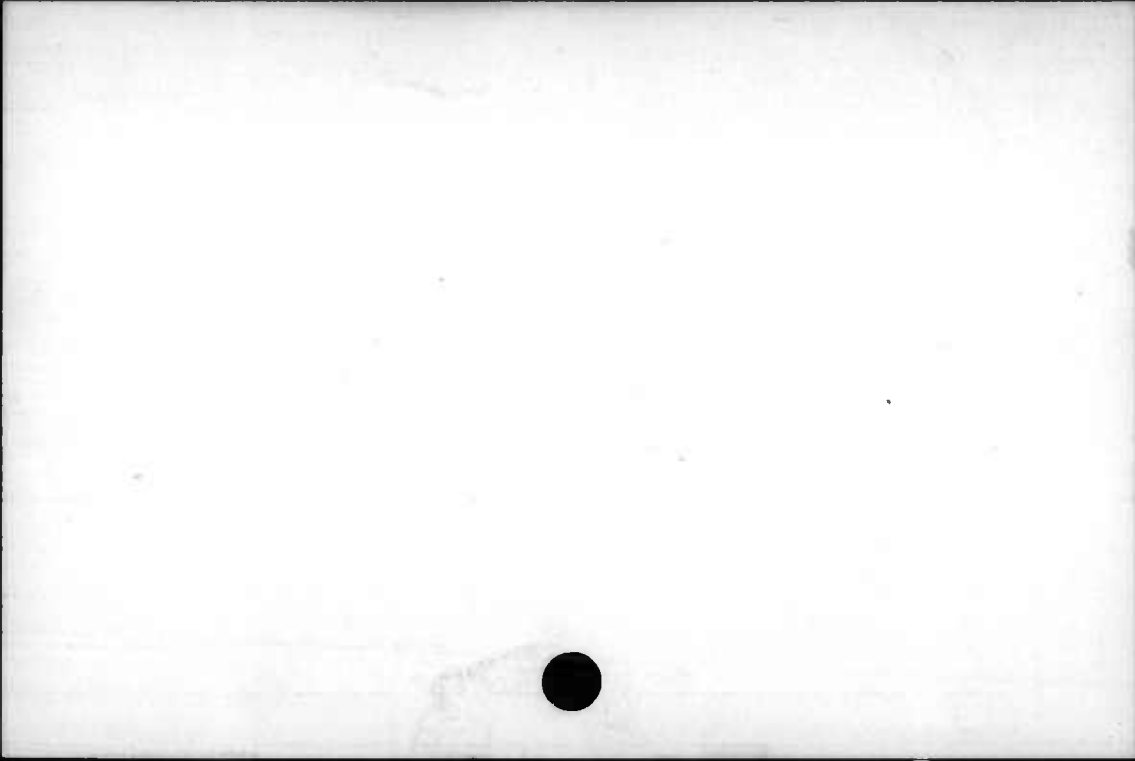
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stockton</u> ^{Town}		<u>Delby</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>11</u>	Day <u>13</u>	Age <u>—</u> ^{Years}	Months <u>60</u>	Days
Sex		Color or Race <u>Dark</u>		Birth-place <u>Maryland</u>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>George P Selby</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Sarah Ward</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Geo P Selby</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Heart failure</u>	How long <u>1 Hour</u>
Immediate <u>Heart failure</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Alushom</i>		Town <i>Alushom</i>		County <i>St. Vincent</i>		MARYLAND	
Date of death 1903	Month <i>November</i>	Day <i>16th</i>	Age <i>35</i>	Years <i>1913</i>	Months	Days	<i>don't know</i>
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place			
Married, Single or Widowed <i>Widow</i>		Occupation					
Name of Wife or Husband		<i>Louphine Browne</i>					
Father's Name		<i>167</i>		Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information		<i>George W. Danner</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Burn</i>	How long
Immediate	<i>Suffocation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Maras Jean</i>		Signature of Physician <i>Dr. Paul Jones</i>
		Address <i>Snow Hill Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>John. L. Smith</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>June</i>	Day <i>10</i>	Age <i>84</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Occupation <i>nr</i>		Where Residing if not at place of death			
Married or Widowed		Name of Wife or Husband			
Father's Name <i>Milkey Smith</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information <i>Lizzie Smith</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of heart</i>	How long <i>Don't know</i>
Immediate <i>Valvular disease of heart</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James T. [illegible]</i>
	Address <i>Berlin, Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

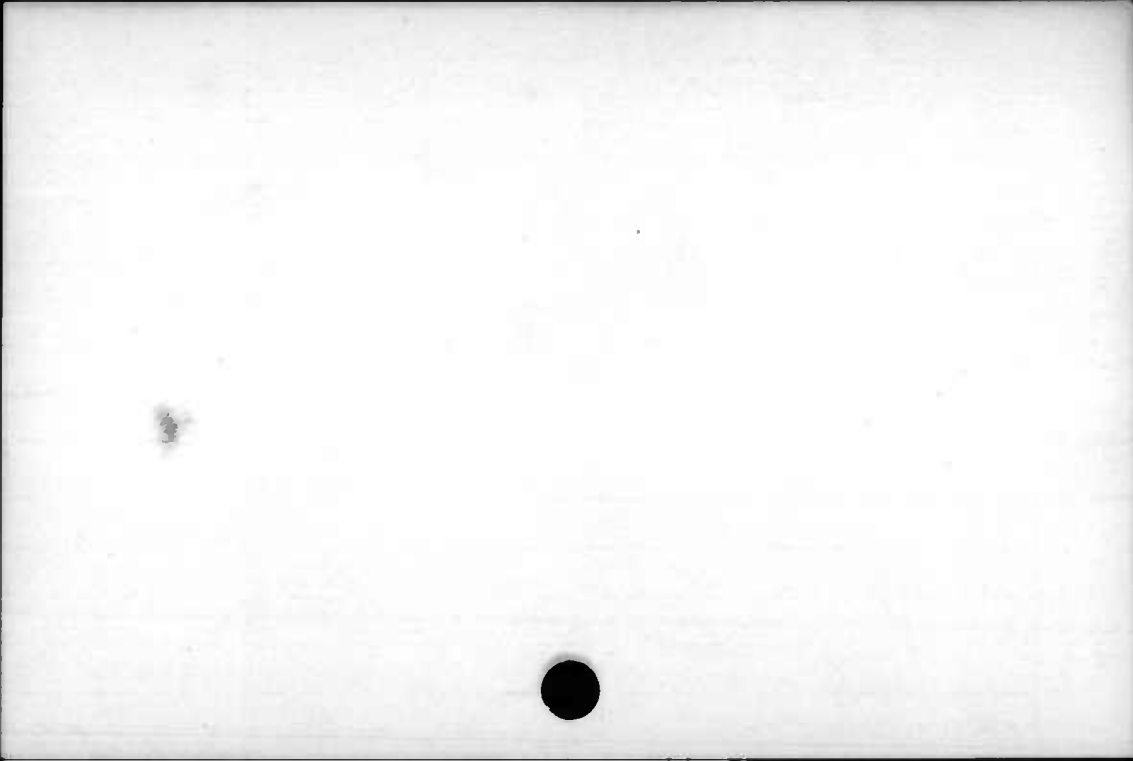
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Amesbury</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death 190	<i>3</i> Month	<i>11</i> Day	Age	<i>7</i> Years	Months Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Worcester</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Geo. Townsend</i>			Father's Birthplace <i>Worcester</i>		
Mother's Maiden Name <i>Roseline Ellis</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Ernest Brittingham</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Erysip</i>	How long <i>2 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. C. Conway M.D.</i>
	Address <i>Newark N.J.</i>
Accident or Suicide?	



Name
in
Full

Alice Py Gorman

CERTIFICATE OF DEATH

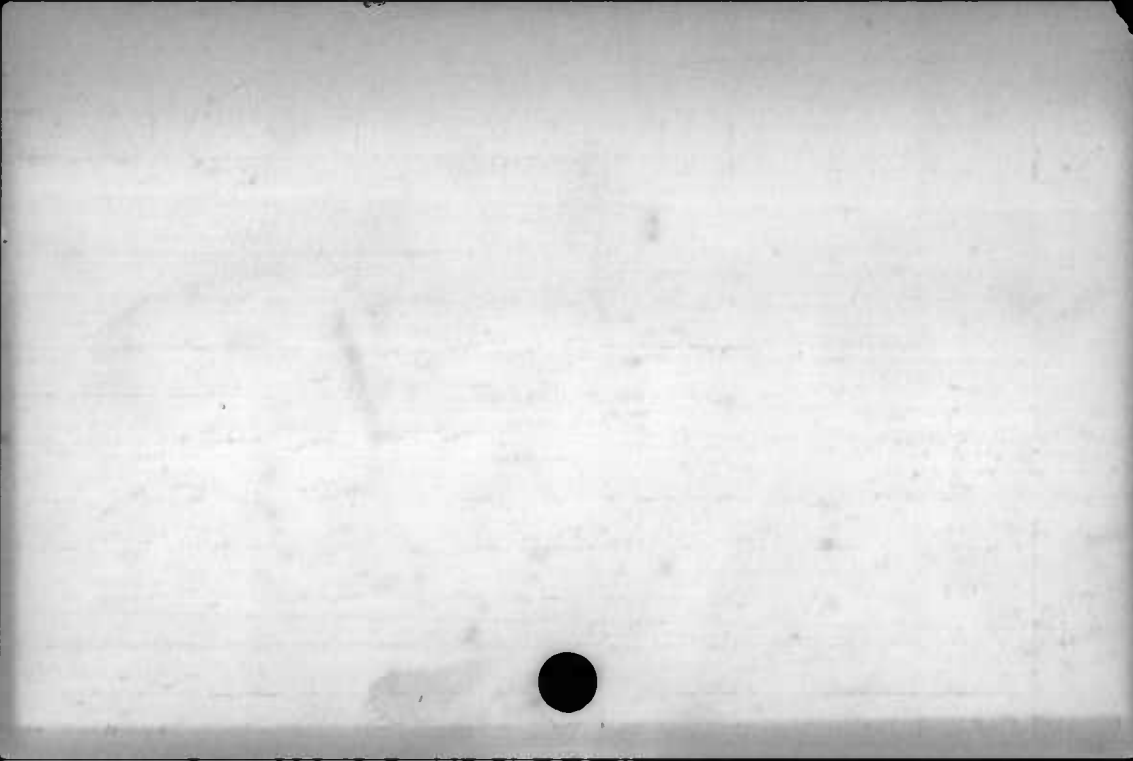
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Bishopville</i>		Town <i>Bishopville</i>		County <i>Worcester</i>		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>4</i>	Years <i>2</i>	Months <i>9</i>	Days		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Nothing</i>					
Name of Wife or Husband <i>None</i>							
Father's Name <i>Py Henry Py Gorman</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Emily J Phillips</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Painter Watson</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Falser croup</i>	How long	<i>one day</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr P Gelin</i>	
<i>Yes</i>		Address <i>Bishopville</i>	
Accident or Suicide?		<i>Yes</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} near <i>Leon Church</i>		^{County} <i>Worcester</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov.</i>	Day <i>30</i>	Years <i>58</i>	Months <i>in</i>	Days <i>in</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>		
Occupation <i>Farmer</i>	Where Residing If not at place of death <i>Gov. Washbourne</i>				
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Henrietta Hitch</i>				
Father's Name <i>Henry Washbourne</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Rosetta Washbourne</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Levin H. Washbourne</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

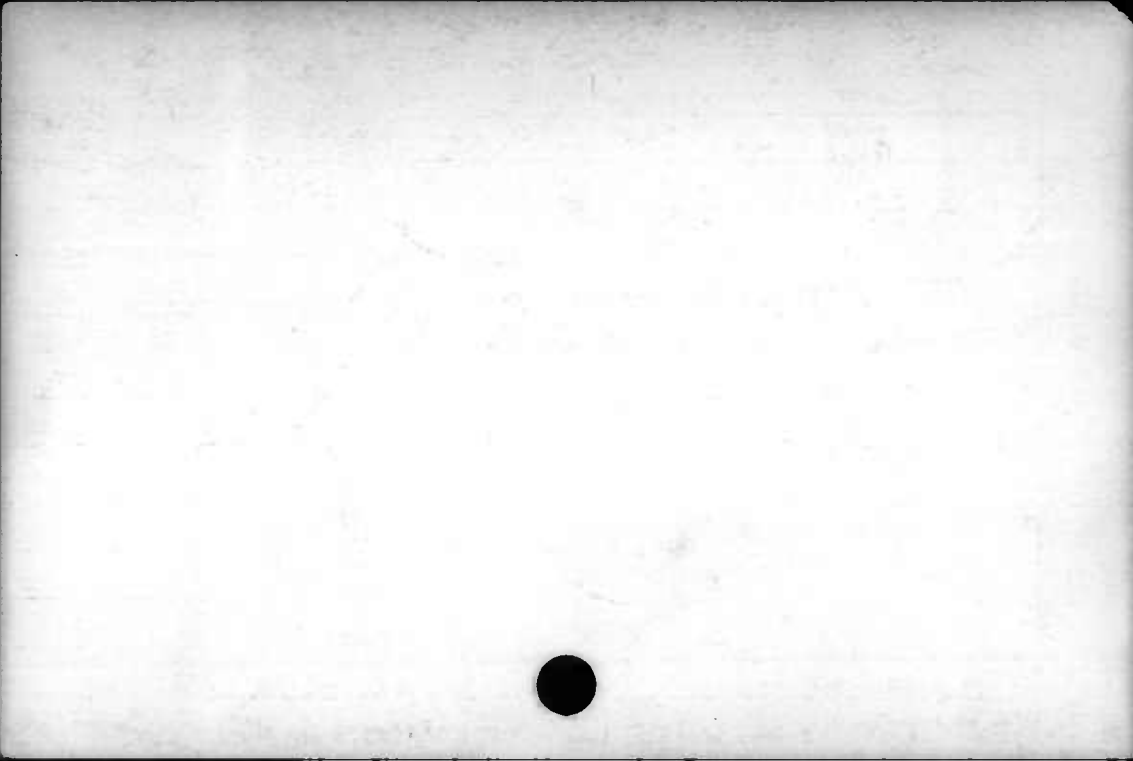
Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	

Dr. Long of Allen was his
Physician.

I was told the pronounced cause
of death, exposure

Geo. C. Hill

Name in Full		Annie Waters				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	near Snowhill Worcester						
	Date of death 1903	Month	Day	Years	Months	Days	
		Nov	15	Age 35			
	Sex	Female		Color or Race	Female		
				Birth-place	Worcester		
	Married, Single or Widowed	Married		Occupation			
Name of Wife or Husband	Major Waters						
Father's Name	Lemuel Collicke				Father's Birthplace	Worcester	
Mother's Maiden Name	Sarah Collicke				Mother's Birthplace	Worcester	
Name of person giving information	Charles H. Spencer				How related to deceased	None	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Dropsy.				6 months		
	Immediate				How long		
					5-6 weeks		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes				William S. Williams			
Address				Snow Hill			
County				Maryland			
Accident or Suicide?							



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Man Snow Hill</u>		County <u>Worcester</u>			
Date of death 190 <u>3</u>	Month <u>Nov</u>	Day <u>2</u>	Age <u>78</u>	Months <u>5</u>	Days <u>21</u>
Sex <u>Male</u>		Color or Race <u>Male</u>		Birth-place <u>Worcester</u>	
Married, Single or Widowed <u>Married</u>		Occupation <u>Farmer</u>			
Name of Wife or Husband <u>Charlotte Waters</u>					
Father's Name <u>Major Waters</u>			Father's Birthplace <u>Worcester</u>		
Mother's Maiden Name <u>Mary Waters</u>			Mother's Birthplace <u>Worcester</u>		
Name of person giving information <u>Henry Johnson</u>			How related to deceased <u>Distance</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>old age</u>	How long <u>12 months</u>
Immediate <u>T. Thiff</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>M. S. Williams</u>
<u>Worcester</u>	Address <u>Snow Hill</u>
County <u>Worcester</u>	<u>Manland</u>
Accident or Suicide? <u>County</u>	

